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Interim Health Advisory

Date: May 15, 2009
To: Obstetricians
From: Director of Health, David R. Gifford, MD, MPH
Re: Interim Guidance for H1N1 Virus (Swine Influenza) in RI

Updated Pregnant Women and H1N1 (Swine) Influenza: Considerations for Clinicians

Purpose

This advisory updates information released on April 29 and provides additional guidance regarding the duration of antiviral treatment for pregnant women with confirmed, probable or suspected novel Influenza A (H1N1) viral infection and chemoprophylaxis of pregnant women in close contact with a confirmed, probable or suspected case. (**Updated information is in bold type.**) This update based on MMWR Dispatch 12May2009/58(Dispatch);1-3 available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58d0512a1.htm>

Background

Evidence that influenza can be more severe in pregnant women comes from observations during previous pandemics and from studies among pregnant women who had seasonal Influenza. Pregnant women with underlying medical conditions, such as asthma, are at particularly high risk for influenza-related complications. Based on this information it is reasonable to assume that pregnant women are also at higher risk for H1N1 (swine) Influenza complications.

Clinical Presentation

- Pregnant women with H1N1 (swine) Influenza would be expected to present with typical acute respiratory illness (e.g., cough, sore throat, rhinorrhea) and fever or feverishness.
- Many pregnant women will go on to have a typical course of uncomplicated influenza. However, for some pregnant women, illness might progress rapidly, and might be complicated by secondary bacterial infections including pneumonia.
- Pregnant women who have suspected H1N1 (swine) Influenza A (H1N1) virus infection (acute respiratory illness or ILI with relevant travel or contact) should be tested.

Treatment and Chemoprophylaxis

- Oseltamivir (Tamiflu™), and zanamivir (Relenza™) are "**Pregnancy Category C**" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women. Because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, oseltamivir or zanamivir should be used during pregnancy only if the potential benefit justifies the potential risk to the embryo or fetus.
- Pregnant women might be at higher risk for severe complications from H1N1 (swine) Influenza, and the benefits of treatment or chemoprophylaxis with oseltamivir or zanamivir likely outweigh the theoretical risks of antiviral use.

- The currently circulating H1N1 (swine) Influenza virus is sensitive to the neuraminidase inhibitor antiviral medications oseltamivir and zanamivir but is resistant to the adamantane antiviral medications, amantadine (Symmetrel™) and rimantadine (Flumadine™).
- Oseltamivir and zanamivir treatment and chemoprophylaxis regimens recommended for pregnant women are the same as those recommended for adults who have seasonal influenza. Recommendations for use of antivirals for pregnant women might change as additional data on the benefits and risks of antiviral therapy in pregnant women become available (<http://www.cdc.gov/swineflu/recommendations.htm>).

UPDATED CDC INTERIM GUIDANCE:

- **Pregnant women with a confirmed, probable, or suspected novel Influenza A (H1N1) virus infection should receive antiviral treatment for 5 days.**
- **Oseltamivir is the preferred treatment for pregnant women because of its systemic absorption, and the drug regimen should be initiated within 48 hours of symptom onset, if possible.**
- **Pregnant women who are in close contact with a person with confirmed, probable, or suspected novel Influenza A (H1N1) infection should receive a 10-day course of chemoprophylaxis with oseltamivir or zanamivir.**
- **Any pregnant woman hospitalized with a confirmed, probable or suspected novel Influenza A (H1N1) virus infection should receive oseltamivir, even if >48 hours have elapsed since illness onset.**
- **Treating pregnant women for fever with acetaminophen is important because maternal hyperthermia has been associated with various adverse fetal and neonatal outcomes.**

Other ways to reduce risk for pregnant women

- There is no vaccine available yet to prevent H1N1 (swine) Influenza.
- Reduce the risk of acquiring the illness by adopting the following preventive measures:
 - frequent handwashing
 - covering coughs
 - minimizing contact with others in the household who may be ill with swine flu
 - having ill persons stay at home, except to seek medical care.
- Additional measures that can limit transmission include voluntary home quarantine of members of households with confirmed or probable H1N1 (swine) Influenza cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded settings.

Breastfeeding considerations

The risk for H1N1 (swine) influenza transmission through breast milk is unknown.

For more information, visit http://www.cdc.gov/swineflu/clinician_pregnant.htm